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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: D. Elmaleh, et al.

Application No: 10/814,118

Filed: March 31, 2004

For: DIAGNOSTIC AND THERAPEUTIC
ALKYL PIPERIDINE/PIPERAZINE
COMPOUNDS AND PROCESS

Art Unit: 1624

Confirmation No.: 5151

Examiner: E. Bernhardt

Docket No. MAA-012.01

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that the foregoing documents are being deposited with the United States Postal Service as First Class Mail, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 23313-1450, on this date of September 29, 2006.


Katelyn Nelson

**NOTIFICATION OF CHANGE OF ATTORNEY DOCKET NUMBER
AND SUBMISSION OF POWER OF ATTORNEY FORMS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 23313-1450

Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the *correct* Attorney Docket Number for this application should now be as follows:

MAA-012.01

Please reference **MAA-012.01** on all future correspondence to the attorney of record.

Also enclosed in connection with the above-identified patent application are executed Power of Attorney forms for all listed inventors.

Although we believe that we have submitted the correct amount to cover the above-listed items, the Commissioner is authorized to credit any overpayment or charge any deficiencies to our Deposit Account No. 06-1448, Reference MAA-012.01.

Respectfully Submitted,

Date: September 29, 2006

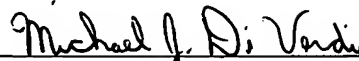
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Patent Group

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A handwritten signature in cursive script, reading "Michael J. DiVerdi", positioned above a horizontal line.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/814,118-Conf. #5151
	Filing Date	March 31, 2004
	First Named Inventor	David R. Elmaleh
	Art Unit	1624
	Examiner Name	E. B. Bernhardt
	Attorney Docket Number	MAA-012.01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Individual Name

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Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Alan J. Fischman

Name

Alan J. Fischman

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of 3 forms are submitted.



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	Examiner Name	E. B. Bernhardt
	Attorney Docket Number	MAA-012.01

I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <input type="text" value="25181"/>				
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I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name	David R. Elmaleh, Ph.D.			
Date		Telephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date Telephone

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☒ *Total of forms are submitted.